

# APPLICATION FOR APPROVAL OF LOAN BROKER ACADEMIC INSTRUCTION COURSE

State Form 53272 (R / 6-07)

Approved by State Board of Accounts, 2007

## PLEASE READ CAREFULLY:

YOU MUST SUBMIT THE FOLLOWING:

- Non-refundable **initial** application fee of \$400 and \$25 per credit hour above six (6) credit hours
- Non-refundable **renewal** application fee of \$400 and \$25 per credit hour above six (6) credit hours
- For a **live course**: application, script or detailed presentation notes, time line of course (how much instruction time will be spent on each topic), course book, and any materials to be distributed
- For a **video course**: application, script of video, copy of video, time line of course (how much instruction time will be spent on each topic), course book, and any materials to be distributed
- For a **correspondence course**: application, time line of course (how much time would the average student spend on each topic), course book, and any materials to be distributed
- For an **on-line course**: application, script of presentation if streaming audio, print-out of each screen, time line of course (how much instruction time will be spent on each topic), and any supplemental materials

This application and submission is for the approval of the named course ONLY. Each course must be submitted individually.

You may request a certain number of credit hours. However, determination of credit hour approval will be based on time of actual instruction with length of lecture and length of materials considered.

**Twenty-four (24) hour courses** must consist of live instruction and contain at least one (1) hour of instruction on Indiana loan broker law and at least two (2) hours of instruction on federal loan broker law.

**Approval** of each course is for ONE YEAR. To **renew** a course approval, you must submit a properly completed application, the renewal application fee, and all course material, with all changes from the previously approved version clearly marked.

**A PERSON WHO KNOWINGLY FILES WITH THE COMMISSIONER ANY DOCUMENT OR STATEMENT THAT CONTAINS A FALSE REPRESENTATION OF A MATERIAL FACT IS SUBJECT TO THE IMPOSITION OF A CIVIL PENALTY OF UP TO \$10,000 PER VIOLATION; AND CHARGED WITH A CLASS C FELONY WHICH IS PUNISHABLE BY A FINE UP TO \$10,000 PER VIOLATION AND UP TO EIGHT (8) YEARS OF IMPRISONMENT.**

Mail this properly completed application and the supporting course material to the following address:

**Indiana Secretary of State  
Securities Division  
302 W. Washington St., Room E – 111  
Indianapolis, Indiana 46204**

To submit this properly completed application and the supporting course material in person, deliver to the following address:

**Indiana Secretary of State  
Business Services Division  
302. W. Washington St., Room E – 018  
Indianapolis, Indiana 46204**



**APPLICATION FOR APPROVAL OF LOAN  
BROKER ACADEMIC INSTRUCTION COURSE**

State Form 53272 (R / 6-07)

Approved by State Board of Accounts, 2007

Todd Rokita  
Indiana Secretary of State  
Securities Division  
302. W. Washington Street, E-111  
Indianapolis, Indiana 46204  
(317) 232-6681

Date (MM/DD/YYYY)	
<input type="checkbox"/> Initial Application	<input type="checkbox"/> Renewal Application

<b>1. VENDOR INFORMATION:</b>		
(A) Full Legal Name		
(B) Name of Contact Person		
(C) Address of Vendor		
(D) City	(E) State	(F) Zip+4/Postal Code
(G) Telephone Number		(H) Fax Number
(I) E-Mail Address for Contact Person		
(J) Web Address of Vendor		

<b>2. COURSE INFORMATION:</b>		
(A) Title of Course		
(B) Target Audience		
(C) Has the Securities Commissioner previously approved this course? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, when:		
(D) Type of Course	<input type="checkbox"/> In-house (one company only)	<input type="checkbox"/> Open to any company or individual
(E) Method of Presentation (Please check one)	<input type="checkbox"/> Live	<input type="checkbox"/> Video
<input type="checkbox"/> Correspondence	<input type="checkbox"/> On-Line	
(F) Student Evaluation (Please check all that apply)	<input type="checkbox"/> Final Exam	<input type="checkbox"/> Quizzes
<input type="checkbox"/> Assignments or Worksheets	<input type="checkbox"/> Other:	

<b>3. TO BE COMPLETED IF A LIVE COURSE:</b>			
(A) Total Minutes of Instruction ( <i>Excludes break, meal, and test time</i> )			
(B) Description of Materials Distributed ( <i>Check all that apply</i> )			
<input type="checkbox"/> Course Book	<input type="checkbox"/> Power Point Notes	<input type="checkbox"/> Other ( <i>describe in detail</i> ):	
(C) Is the site for this course accessible to persons with disabilities?			<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>4. TO BE COMPLETED IF A VIDEO COURSE:</b>			
(A) Total Minutes of Instruction on Video			
(B) Proctor or Leader in Room:			
(C) Description of Materials Distributed ( <i>check all that apply</i> )			
<input type="checkbox"/> Course Book	<input type="checkbox"/> Power Point Notes	<input type="checkbox"/> Other ( <i>describe in detail</i> ):	

<b>5. TO BE COMPLETED IF A CORRESPONDENCE COURSE:</b>			
(A) Total Pages of Material			
(B) Description of Materials Distributed ( <i>check all that apply</i> )			
<input type="checkbox"/> Course Book	<input type="checkbox"/> Other ( <i>describe in detail</i> ):		

<b>6. TO BE COMPLETE IF AN ON-LINE COURSE:</b>			
(A) Total Minutes of Timed Script ( <i>Example would be if streaming audio component included</i> )			
(B) Total Pages of Text ( <i>Example would be if each screen was printed</i> )			
(C) Description of Materials Distributed ( <i>check all that apply</i> )			
<input type="checkbox"/> Course Book	<input type="checkbox"/> Other ( <i>describe in detail</i> ):		

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**7. COURSE INSTRUCTOR(S) INFORMATION** *(To be completed if a live or video course):*

(A) Full Legal Name of Instructor:				
First Name	Last name	Middle name		
Street address				
City	State	Zip+4/Postal Code		
Principal Occupation				
Within the past ten (10) years have you been subject to a disciplinary proceeding?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Within the past five (5) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

(B) Full Legal Name of Instructor:				
First Name	Last name	Middle name		
Street address				
City	State	Zip+4/Postal Code		
Principal Occupation				
Within the past ten (10) years have you been subject to a disciplinary proceeding?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Within the past five (5) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

(C) Full Legal Name of Instructor:				
First Name	Last name	Middle name		
Street address				
City	State	Zip+4/Postal Code		
Principal Occupation				
Within the past ten (10) years have you been subject to a disciplinary proceeding?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Within the past five (5) years have you been convicted of or plead guilty or nolo contendere ("no contest") in a domestic, foreign, or military court to any felony?			<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>

**SUBMIT A RÉSUMÉ FOR EACH COURSE INSTRUCTOR, USE ADDITIONAL FORMS AS NEEDED**

**8. ACKNOWLEDGMENTS**

(A) I acknowledge that the Securities Commissioner may request additional information in consider the approval of this course;

(B) I acknowledge that this course will be/is open to the Indiana Secretary of State, Securities Division for observation;

(C) I affirm, under penalties for perjury, that the representation made in this application and in the attached documents hereto are true, accurate, and complete to the best of my knowledge.

Printed Name and Title	
Signature	Date (MM/DD/YYYY)

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